

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/889321

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2			1		
4	3			1		
5	3			1		
6	3			1		
7	3			1		
8	1		1			
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10				1		
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS			18			

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